2012 AUG 15 AM 8: LL

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Committee Name:	FEC MAIL CENTER
P	
VERMONT HORSE ASSOCIATION	
If registered, FEC ID:	
Today's Date:	
08/10/2012	
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimited Contributions	
To Whom It May Concern:	
This committee intends to make independent expenditures, and con	nsistent with
the U.S. Court of Appeals for the District of Columbia Circuit deci	
SpeechNow v. FEC, it therefore intends to raise funds in unlimited	
committee will not use those funds to make contributions, whether	
or via coordinated communications, to federal candidates or comm	
,	
Respectfully submitted,	

Julie Caramante Treasurer's Name:

Julie Caramante

, Treasurer

 $\omega = \lim_{n \to \infty} \frac{1}{n} \left( \frac{1}{n} + \frac{1}{n} \right) = 0$ 

 $\frac{dx}{dx} = \frac{dx}{dx} + \frac{1}{2} \frac{dx}{dx} +$ and the second of the second o

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FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVED

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FORM 1		UNGANIZ	ATION		Dridwidelphicknich
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
VERMON	T HO	RȘĘ ASSOCIA	ATION	1.1.1.1.1.1	
ADDRESS (number a	nd street)				
(Check if a					
is changed)	)			ا ليا	
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address	SS (Please provide only one over thorseasson)	e-mail address) ciation@gmail, c	om, , , , ,	
COMMITTEE'S WEB	PAGE ADD		*	-1-1	
(Check if is change	address d)	vermoninorse	eassociation.tun	npır.com	
2. DATE	<b>"</b> / <b>"</b>	2			
3. FEC IDENTIFICATION NUMBER					
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Julie Caramante					
Signature of Treasure	er <u></u>	Julie Con	amante	Date 08 <sup>M</sup>	' 10° ' 2012``
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009) Page 2					
·.	TYPE OF C	OF COMMITTEE					
	Candidate	ndidate Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate						
	Candidate Party Affiliation	on Office State Senate President District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate							
	Party Con	nmittee:					
	(d)	(National, State (Democratic, rhis committee is a or subordinate) committee of the Republican, etc.) Party.					
	Political A	ction Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
	_	Corporation ·· Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fund	Iraising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a faderal candidato.					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	1.						
	2.	FEC ID number C					
	3.	FEC ID number					
	· 4.						

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FEC Form 1 (Revised 02/2009)	Page 3					
Write or Type Committee Name						
VERMONT HORSE ASSOCIATION						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
Alasa						
<u>[None                                      </u>						
Mailing Address						
CITY ST	ATE ZIP CODE					
	П					
Relationship: Connected Organization Affiliated Committee Joint Fundraising Repr	esentative Leadership PAC Sponsor					
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of books and records.</li> </ol>	the person in possession of committee					
Full Name Paula Bacon						
Mailing Address 1504 S. Houston Street						
1						
ıKaufman	X   175142   1-1   1					
Title or Position CITY STAT	TE ZIP CODE					
Custodian of Records	[972,   - [824,   - [1073,					
leeprone number						
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the com any designated agent (e.g., assistant treasurer).</li> </ol>	mittee; and the name and address of					
Full Name Lulio Caramanto						
of Treasurer  Julie Caramante						
Mailing Address 1504 S. Houston Street						
<sub>I</sub> Kaufman	X <sub>1</sub> 175142 1-1 1 1					
CITY STAT	E ZIP CODE					
Title or Position	281,  _ 766,  _ 4040					
Telephone number	<u> </u>					

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

1203087406

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify):